ONMENTAL PROTECTION AGENCY

NOTIFICATIO

SEPA	NOTIFICATI	OF HAZARI	DOUS WASTE	ACTIVITY	INSTRUCTIONS: If you received a	
INSTALLA-					label, affix it in the space at left. If a information on the label is incorrect, or	draw a line
TION'S EPA	MOD006290	803	through it and supply the correct information in the appropriate section below. If the label is			
I. STALLATION					complete and correct, leave Items I, below blank, If you did not receive a	II, and III
INSTALLA-	MIDWEST O	IL REFINING	CO INC		label, complete all items. "Installation single site where hazardous waste is	" means a
II. MAILING ADDRESS	st Louis,				treated, stored and/or disposed of, or porter's principal place of business. P	or a trans-
					to the INSTRUCTIONS FOR FILING	NOTIFI-
LOCATION	1900 WALT				CATION before completing this finformation requested herein is require	red by law
LATION	ST LOUIS	MO 63114			(Section 3010 of the Resource Conser Recovery Act).	vation and
EOR OFFICIAL I	ISE ONLY	articles				
FOR OFFICIAL U	ISE UNLT		OMMENTS			
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15 16	ON'S EPA I.D. NUM	BER APPROVE	D DATE RECEI		55	
FMODOD	129080	331	0000	ON JUL	71980 - 13	
I. NAME OF INST	-	13 14 15 16	0 0 0 1	22		
1. NAME OF INS	ALLATION					
30				og Stelland og en trope og sin en stelland og en s	67	
II. INSTALLATIO		ORESS TREET OR P.O. BOX		49455 V 550 NO LINGUE V 550 N		
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4 SAME				40 41 42 47	- 51	
III. LOCATION O	AND STREET, ST	N N N N N N N N N N N N N N N N N N N	3 P		ACI ESCENCIOLES CONTRACES SECURIORES	
SAME				CONTRACTOR DESIGNATION OF THE CONTRACTOR OF THE		
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SCOM G	CITY	OR TOWN	Ut are same was win the let	ST. ZIP	CODE	
6 SA ME	unice Season and the		HANDAR (1994 - 1994)	40 41 42 47	- 51	
IV. INSTALLATION	The state of the s	D TITLE (last, first, &	ioh title)		PHONE NO. (area code & no.)	
EG A CI	ETTING	ER PRES		AND RESIDENCE SECTION OF THE PROPERTY.	314 731 3561	
V. OWNERSHIP				NEW YORK BETWEEN STREET	45 46 - 48 A9 - 51 52 - 55	
V. OWNERSHIP		A. NAME OF INSTA	LLATION'S LEG	AL OWNER		
8 G A C	ETTING	ER				
B. TYPE OF O (enter the appropria	WNERSHIP te letter into box)	VI. TYPE OF HAZ	ARDOUS WAST	E ACTIVITY (er	nter "X" in the appropriate box(es)	>
		A. GENER			FRANSPORTATION (complete item VII	ASSESSMENT OF THE PROPERTY OF THE PARTY OF T
F = FEDERAL M = NON-FED	ERAL M	X c. TREAT	/ /STORE/DISPOSI	E	JNDERGROUND INJECTION	
VII. MODE OF TH	RANSPORTATION	N (transporters only	- enter "X" in	the appropriate b	pox(es))	
☐ A. AIR	B. RAIL	C. HIGHWAY	D. WATER	E. OTHER	(specify):	100
VIII. FIRST OR S		TIFICATION				
Mark "X" in the appr	opriate box to indica		installation's first	notification of haz	ardous waste activity or a subsequent no	tification.
700.711	January Girtor				C. INSTALLATION'S EPA	I.D. NO.
MA. FIRST	NOTIFICATION	☐ B. SUBSECU	ENT NOTIFICAT	ION (complete iten		002
是 2000年 1000年 1000			- I I I I I I I I I I I I I I I I I I I	- tr (complete itell	110000001190	000
IX. DESCRIPTION Please go to the reverse		rovide the requested in	formation.			
EPA Form 8700-12 (6-80)				CONTINUE ON F	REVERSE

HAZARDOUS WASTES FF waste from non-specific so				40 CFR Part 261.31 1 AST E 01		us	
	2***	3	4	5	6		
		1 2 21					
7	8	9	10	23 - 26	12		
AZARDOUS WASTES FF				R Part 261.32 for eac	h listed hazardous wast	te fro	
13	14	15	16	17	18		
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ISTED INFECTIOUS WA					ste from hospitals, vete	erinai	
ospitals, medical and resea	50	51	52	53	54		
HARACTERISTICS OF Nazardous wastes your insta	llation handles. (See				cteristics of non—listed		
(D001)		002)	(D003)		(D000)		
certify under penalty of ached documents, and tellieve that the submit ting false information,	that based on my ted information is	inquiry of those indi true, accurate, and co	ividuals immediately omplete. I am aware	responsible for ob	taining the informa	tion,	
IATURE		NAME & OFF	NAME & OFFICIAL TITLE (type or print)				
10 4.00	inger		CA, GETTINGER PRES				



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